

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/578008

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1					53						
4		1					54						
5		2					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10	1						60						
11		1					61						
12		2					62						
13		0					63						
14			1				64						
15			1				65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22			1				72						
23				1			73						
24				1			74						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			11				TOTAL CLAIMS						